

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	KV		8-4-30-5
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	MA	830	06/15/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	9/4/02
2	9/10/02
3	9/10/02
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Claim	Date
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If more than 150 claims or 10 actions  
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IC-830/2